PREVENTING SUICIDE IN WYOMING

2014–2016 State Suicide Prevention Plan

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Wyoming Department of Health

Prepared by

Prevention Management Organization of Wyoming

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Commit to your health.

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SECTION I: INTRODUCTION AND OVERVIEW

Introduction

Wyoming has a serious suicide problem, confirmed by three decades of statistics that perennially place Wyoming among those states in the nation with one of the highest per capita suicide rates. In 2013, over 40% of Wyoming suicide deaths were among men ages 55 and older. However, as a public health issue, suicide has much broader implications.

Wyoming's public health and mental health services systems can be understood only in the context of the state's unique demographics. Wyoming has been aptly characterized as "a small town with very long streets." Geographically among the ten largest states in the country, Wyoming is the least populous, with an estimated 582,658 people in 2013. The state has a population density of 5.8 persons per square mile, and the entire state is considered rural or frontier with the exception of Laramie and Natrona Counties (U.S. Census Bureau, 2010).

The following report provides an overview of suicide deaths in Wyoming, as well as a historical perspective of suicide prevention efforts within the state. Included in this report are current and planned suicide prevention initiatives to be implemented over the course of the next two years, which have been closely aligned with the *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*, a report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention.

Suicide as a Public Health Issue

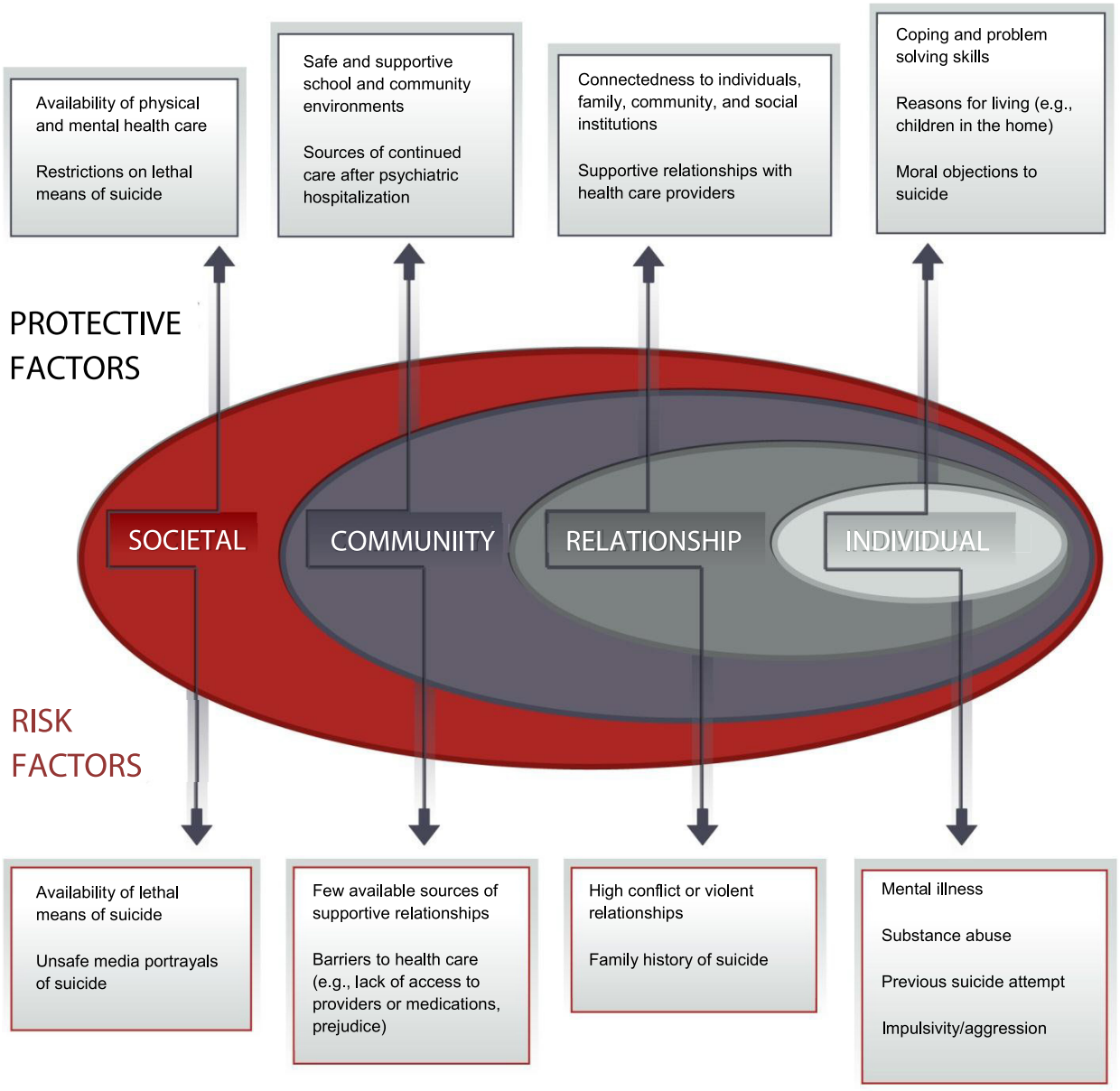
Summary from the Centers for Disease Control and Prevention: "Suicide Prevention: A Public Health Issue"

Historically, suicide has been addressed by providing mental health services to individuals who were already experiencing or showing signs of suicidal thoughts or behavior. While therapy and hospitalization are extremely important for those who may be thinking about suicide or who have made a suicide attempt, these services do not prevent suicidal thoughts or behaviors from happening in the first place. There are many additional factors which place people at risk for suicide. A public health approach to suicide prevention can address the wide range of factors that contribute to suicide in several ways.

Public health's broad view places an emphasis on population health, expanding efforts beyond the health of individuals. A population approach focuses on prevention across social systems and supports efforts that impact groups or populations of people, versus treatment of individuals. Second, public health focuses on preventing suicidal behavior before it ever occurs, which is known as primary prevention. This approach addresses a broad range of risk and protective factors (See Figure 1).

Suicide is often thought of as an individual problem, but it also impacts families, communities, and society in general. The long-term goal of public health is to reduce suicide risk by addressing factors at the individual (e.g., substance abuse), family (e.g., poor quality parent-child relationships), community (e.g., lack of connectedness to people or institutions), and societal levels (e.g., social norms that support suicide as an acceptable solution to problems; inequalities in access to opportunities and services) of the social ecology.

Figure 1. Examples of Risk and Protective Factors in a Social Ecological Model



Source: 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action
Adapted from Dahlberg LL, Krug EG. Violence – a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World report on violence and health. Geneva, Switzerland: World Health Organization; 2002.

Suicide in Wyoming

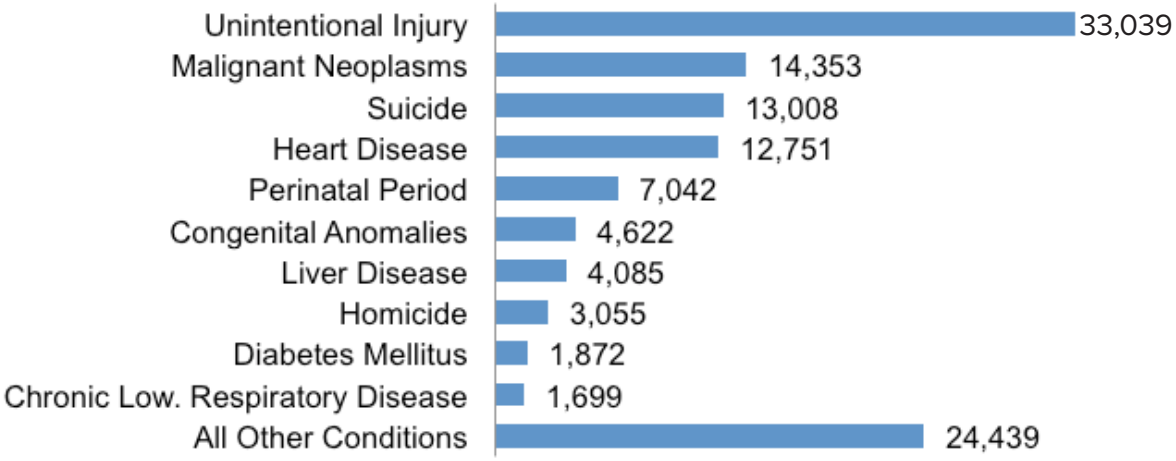
Suicide impacts all ages and races, and no group remains unaffected. Estimated total lifetime costs associated with suicide in Wyoming, expressed in 2005 costs, is $93,156,000. These include both medical and work loss costs.

The measure of years of potential life lost (YPLL) is an estimate of the average time a person would have lived had he or she not died prematurely. YPLL is used to help quantify social and economic loss due to premature death. In Wyoming, suicide is the third leading cause of death contributing to YPLL.[1]

Table 1. Years of Potential Life Lost (YPLL) in Wyoming, 2007-2011

Cause of Death	YPLL
Unintentional Injury	33,039
Malignant Neoplasms	14,353
Suicide	**13,008**
Heart Disease	12,751
Perinatal Period	7,042
Congenital Anomalies	4,622
Liver Disease	4,085
Homicide	3,055
Diabetes Mellitus	1,872
Chronic Lower Respiratory Disease	1,699
All Other Conditions	24,439
Total	**119,965**

Figure 2. Years of Potential Life Lost in Wyoming, 2007-2011



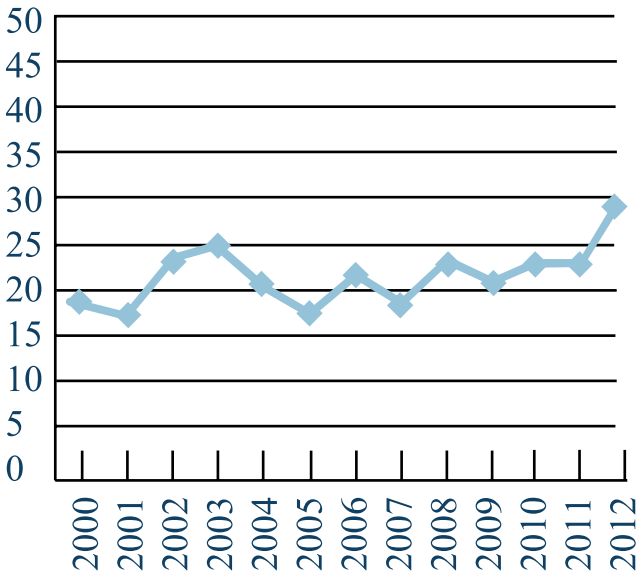
[1] Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) {July 2014}. Available from: www.cdc.gov/ncipc/wisqars

While significant variation can exist from year to year in suicide mortality numbers and rates, the average suicide mortality rate between 2000 and 2012 was 21 per 100,000 people.

Table 2. Wyoming Suicide Rates, 2000-2012

Mortality	Rate	Count
2000	18.5	92
2001	17.8	90
2002	22.5	115
2003	24.4	121
2004	19.6	99
2005	17.6	94
2006	21.4	116
2007	18.4	96
2008	22.4	120
2009	20.5	109
2010	22.2	130
2011	22.6	129
2012	29.6	170

Figure 3. Wyoming Suicide Rates, 2000-2012



Suicide and Age

Wyoming residents between the ages of 80-84 years of age are the highest of all age groups in terms of age-adjusted suicide rates (44 persons per 100,000), followed by individuals 40-44 years of age, at a rate of 43.6.

Figure 4. Age-Adjusted Suicide Rates by Age in Wyoming, 2008-2012

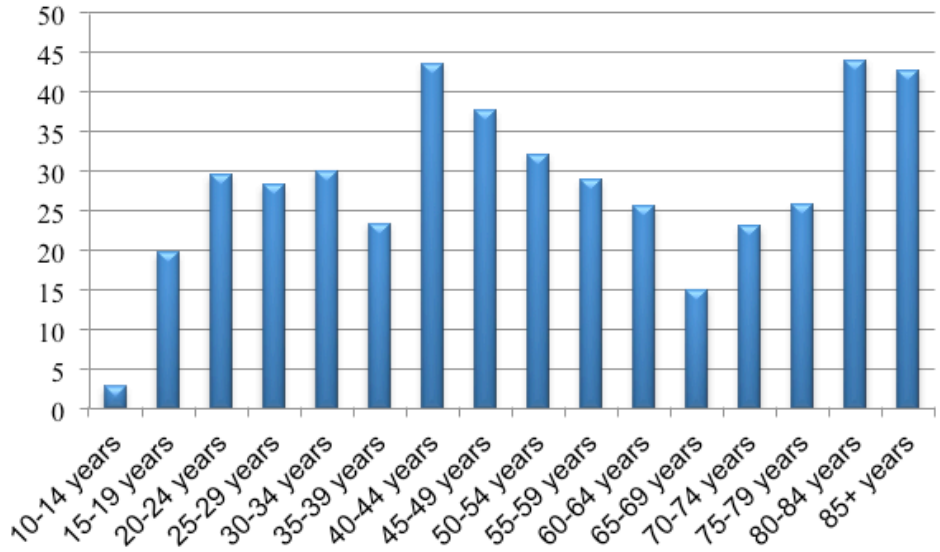


Table 3. Age-Adjusted Suicide Rates by Age in Wyoming, 2008-2012

Years of Age	Rate
0-4	0
5-9	0
10-14	2.8
15-19	19.7
20-24	29.5
25-29	28.3
30-34	30.1
35-39	23.4
40-44	43.6

Years of Age	Rate
45-49	37.7
50-54	32.1
55-59	28.9
60-64	25.6
65-69	15
70-74	23.1
75-79	25.8
80-84	44
85+	42.7

Rates are per 100,000 and age-adjusted to the 2000 US Std Million (18 age groups) standard.

Among youth ages 15-24 in Wyoming, suicide is the second leading cause of death after unintentional injuries. The burden of suicide on Wyoming youth is reflected by high rates of suicidal thoughts and non-fatal suicide behaviors among high school students. Despite some annual variation among categories listed in the following table, suicidal thoughts and behaviors among high school students have remained relatively consistent over the nine-year period reported. The following survey data is taken from the Youth Risk Behavior Surveillance System (YRBSS) which monitors six types of health-risk behaviors that contribute to the leading causes of death and disability.[2]

Table 4. Wyoming Youth Suicidal Ideation and Behavior (Youth Risk Behavior Survey)

Category	2005	2007	2009	2011	2013
High School Students Who Considered Suicide Last Year	17.4%	17.8%	17.3%	17.4%	16.7%
High School Students Who Made a Suicide Plan in Last Year	15.7%	17.8%	15.3%	14.2%	13.8%
High School Students Who Attempted Suicide in Last Year	8.7%	10.5%	9.4%	11.3%	8.6%
High School Students With Serious Suicide Attempt Last Year	2.7%	4.2%	4%	4.9%	3.8%
High School Students With Depression/Hopelessness	26.3%	28.2%	26.9%	25.5%	27.2%

Source: Wyoming Department of Education, Youth Risk Behavior Survey

Risk factors for suicide among youth include substance abuse problems, family discord and dysfunction, sexual abuse, access to guns, school safety issues, and antisocial behaviors. Data on protective factors (i.e., those characteristics associated with diminished suicidality) reflect that many youth lack adequate resiliency and support. For example, approximately one-third of high school seniors lack appropriate social skills, religiosity or belief in a moral order, all of which can protect against suicidal behaviors. While the presence or absence of any single risk or protective factor is not predictive of suicide, these data are alarming.[3]

Suicide and Race

The highest rate of suicides occurring between the years 2008 and 2012 was among white residents, followed closely by American Indians/Alaska Natives. However, in Fremont County where the Wind River Indian Reservation is located, the age-adjusted suicide rate among the American Indian population was higher than that of white residents (36.4 per 100,000 vs. 29 per 100,000).[4]

2 Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed July 2014.
3 Wyoming Survey & Analysis Center (WYSAC). 2012 Prevention Needs Assessment. Available at http://www.pnasurvey.org/. Accessed July 2014.
4 Wyoming Department of Health. Vital Statistics Services. Accessed August 2014.

Table 5. Age-Adjusted Suicide Rates by Race in Wyoming, 2008-2012

Race	Rate
All races	23.5
White	23.9
Black	4.5
American Indian/Alaska Native	20.5
Asian/Pacific Islander	8.2

Rates are per 100,000 and age-adjusted to the 2000 US Std Million (18 age groups) standard.

Suicide and Gender

It has been observed that "death by suicide is a strikingly male phenomenon." [5] Nowhere is this more apt than in Wyoming, where the age-adjusted suicide rate is four times higher among the male population as compared to females.

Table 6. Age-Adjusted Suicide Rates by Gender in Wyoming, 2008-2012

Gender	Rate
Male	38.3
Female	8.9
Total	23.5

Rates are per 100,000 and age-adjusted to the 2000 US Std Million (18 age groups) standard.

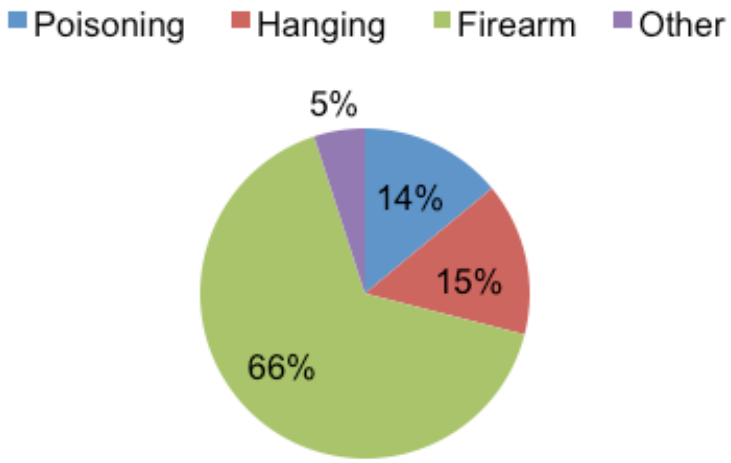
Characteristic of male suicides is the use of firearms. Of all Wyoming suicide deaths occurring between 2008 and 2012, Wyoming suicide victims died by firearm in 66% of reported cases.[4]

Table 7. Suicide Means in Wyoming, 2008-2012

Means	Number	Percent
Poisoning (X60-X69)	91	14%
Hanging (X70)	101	15%
Firearm	437	66%
Other (X75-X85; Y87)	33	5%
Total Suicides	662	100%

[5] Coleman, D, Kaplan, MS, Casey, JT. (2011). The Social Nature of Male Suicide: A new analytical model. International Journal of Men's Health, 10(3), 240-252.

Figure 5. Suicide Means in Wyoming, 2008-2012



Of all firearm deaths in Wyoming between 2005 and 2013, 88% were suicides and 9% were homicides.

Table 8. Firearm-related deaths in Wyoming, 2005-2013

Year	Suicides	Homicides	Unintentional Injuries
2005	59	12	[1]
2006	74	7	[1]
2007	71	9	0
2008	89	5	[1]
2009	86	10	[1]
2010	88	5	[1]
2011	86	13	[1]
2012	103	6	8
2013	79	9	[1]
Total	735	76	26

Note: [1] Numbers less than 5 not displayed.

Suicide risk factors for men also include alcohol dependency and heavy drinking, marital status, employment and income stressors, retirement, physical illness/disability, mental health issues and military veteran status.[5] Suicidal behaviors have drastically increased for male active-duty military personnel and veterans over the preceding decade, a problem receiving considerable attention and resources from the various military branches.[6] Unemployment has been shown to increase risk of suicide in males by as much as 300%.[5] Wyoming's unemployment rate has not increased as much as many other states during the Great Recession; for example, data from the Wyoming Department of Workforce Services indicate a 4.4% jobless rate in the state for July 2014, which fell below the 6.5% national unemployment rate. Additional risk factors for suicide are summarized in the following table.

[6] Hyman, J. et al. (2012). Suicide Incidence and Risk Factors in an Active Duty US Military Population. American Journal of Public Health. 102(S1), 138-146.

Table 9. Wyoming Adult Behavioral Risk Factors

Category	2006	2007	2008	2009	2010	2011	2012
Mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days	9.3%	9%	8.8%	9.4%	9.7%	9.9%	10.3%
Rarely or never get the social or emotional support they need	6%	5.8%	5.6%	6.5%	5.5%	*	*
Dissatisfied or very dissatisfied with their lives	3.2%	3.7%	3.4%	4.3%	4.5%	*	*
Binge drinking at least once in past month	16.7%	16.8%	15.4%	15.8%	14.6%	18.9%	17%
Heavy drinking (60+ drinks for men; 30+ drinks for women) in past thirty days	5.6%	4.9%	5.6%	5.7%	4.8%	6.6%	6%
Extreme drinking (more than 10 drinks on one occasion in past thirty days)	4.1%	4.5%	4.5%	3.9%	3.6%	4.9%	4.3%
Driving after perhaps having too much alcohol at least once in past thirty days	3.1%	2.8%	2.6%	2.3%	2.2%	*	2.2%
Smoked at least 100 cigarettes in lifetime and currently smoking every day or some days	21.6%	22.1%	19.4%	19.9%	19.5%	23%	21.8%
Physical health, which includes physical illness and injury, was not good for 14 or more days during the past 30 days	9.4%	9.6%	9.7%	9.4%	10.4%	11.5%	11.1%
Disability - adults limited in any way in any activities because of physical, mental, or emotional problems or they have a health problem that requires the use of special equipment such as a cane, wheelchair, special bed, or special telephone	21.4%	20%	22.1%	20.4%	22.8%	25%	20.4%
No health care coverage, which includes health insurance prepaid plans such as HMOs or government plans such as Medicare	17.9%	15.9%	15.6%	16.4%	16.5%	21%	20.7%
Unable to see a doctor for needed care because of the cost at least once in the past 12 months	13.3%	12.3%	11.8%	12.4%	11.5%	15.1%	14.8%

Source: Wyoming Department of Health, Behavioral Risk Factor Surveillance System, http://www.health.wyo.gov/phsd/brfss/index.html, retrieved July 2, 2014

1. Two changes to the BRFSS were made in 2011 resulting in the variance within the data. The first change is including and then growing the number of interview calls made to cell phone numbers. The second change is to replace the "post-stratification" weighting method with a more advanced method called "iterative proportional fitting," also sometimes called "raking." * Intervening years between data.

Hospitalizations for Self-Harm

Hospitalizations for self-harm were associated with costs of $6.8 million in Wyoming in 2012. Over 30% of these hospitalizations occurred among individuals ages 15-24, while individuals aged 40-44 represented 12% of the hospitalizations due to self-harm.

Figure 6. Hospitalizations for Self-Harm by Age in Wyoming, 2012

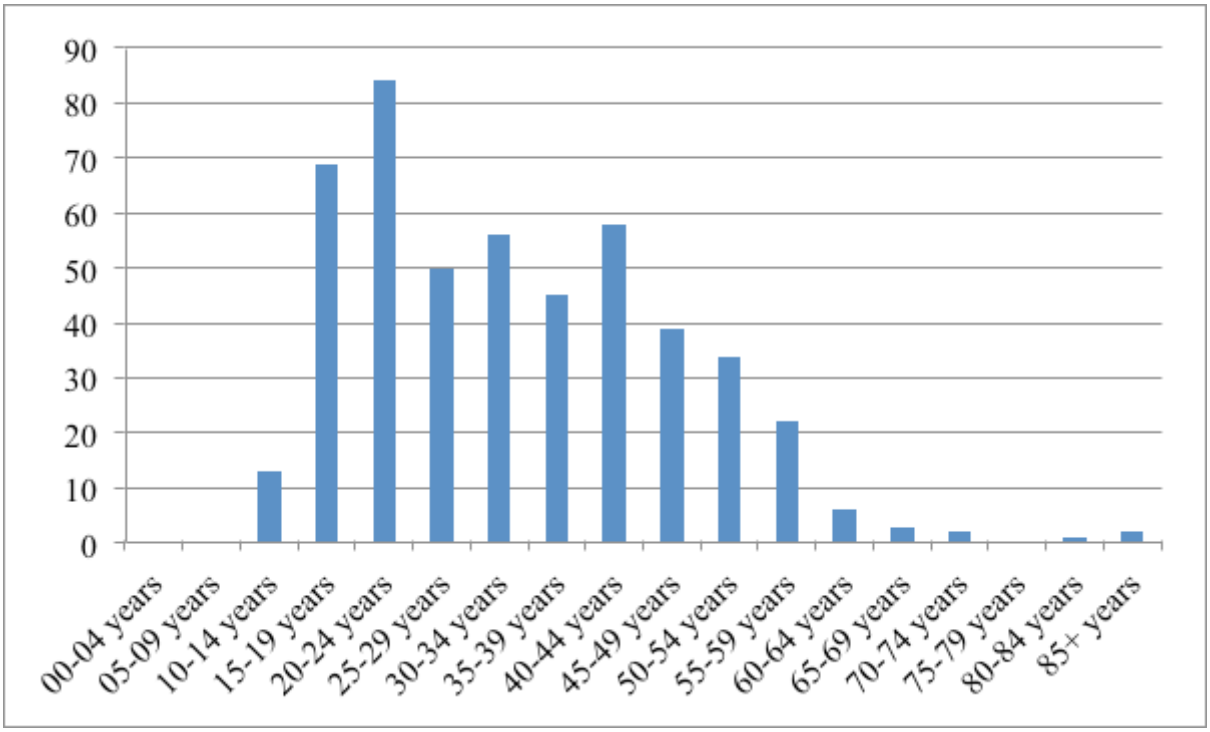
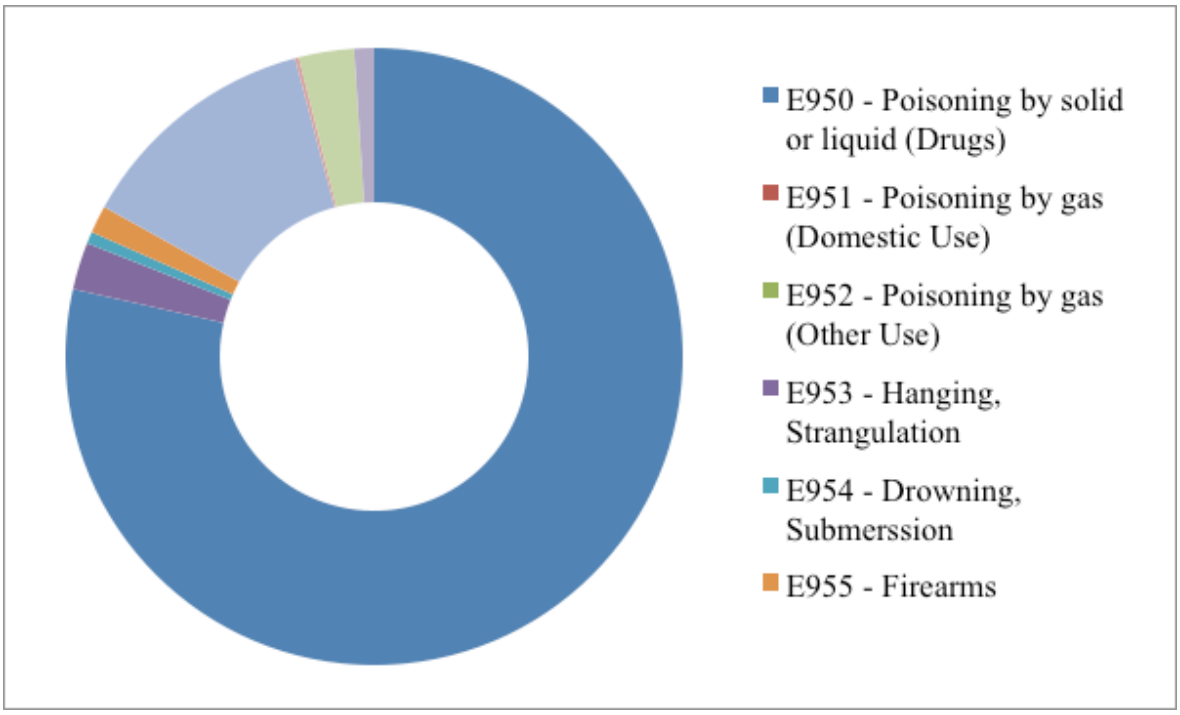


Table 10. Hospitalizations for Self-Harm by Age in Wyoming, 2012

Years of Age	Number
10-14	13
15-19	69
20-24	84
25-29	50
30-34	56
35-39	45
40-44	58
45-49	39
50-54	34
55-59	22
60-64	6
65-69	3
70-74	2
75-79	0
80-84	1
85+	2
Total	484

Of the hospitalizations for self-inflicted harm in 2012, 79% were due to poisonings by solid or liquids.

Figure 7. Hospitalizations for Self-Harm by Means in Wyoming, 2012



Wyoming uses the data presented here as well as other sources of information to inform strategic prevention efforts. The psychological autopsy (PA) is a process of collecting and analyzing qualitative data relating to suicide risk and protective factors, mental health and substance abuse issues, adverse life events, familial support and other circumstances directly relevant to better understanding the nature of suicide in individual death cases. This practice was developed in 1960 by Dr. Edwin Shneidman, suicide researcher and founder of the American Association of Suicidology (AAS), in collaboration with Robert Litman, MD, and Norman Farberow, PhD. The psychological autopsy has become a best practice postmortem procedure to reconstruct the proximate and distal causes of an individual's death by suicide or to ascertain the most likely manner of death where that manner of death is equivocal and left undetermined by a medical examiner or coroner. As part of this effort, psychological autopsies of suicide deaths across Wyoming are currently underway. Researchers for this initiative are collecting PA data to provide enhanced qualitative data to better inform prevention efforts.

SECTION II: A HISTORICAL PERSPECTIVE

A History of Suicide Prevention in Wyoming

The landscape of suicide prevention has changed significantly over the last two decades. Historically, suicide generally was considered exclusively a mental health issue. Beginning in the latter part of the twentieth century, there was a growing interest across the United States in addressing suicide as an important public health issue. In Wyoming, a group of interested stakeholders came together in the late 1990s to form the Wyoming Suicide Prevention Task Force. Aligned with what was then known as the Mental Health Division of the Wyoming Department of Health (WDH), the Task Force conducted gatekeeper trainings, convened suicide prevention meetings and conferences, and supported coalitions in some Wyoming counties. Informal suicide prevention efforts continued in the state until 2005, when the Wyoming State Legislature created a dedicated suicide prevention program within the WDH through the adoption of Wyoming Statute §9-2-102. Early efforts of the Wyoming suicide prevention program focused chiefly on raising awareness about the problem of suicide in Wyoming. This was done through various public outreach efforts and by providing annual community-based grants of no more than $10,000 per county for local suicide prevention coalitions. Given budgetary constraints, funding was not available at that time to hire suicide prevention staff to support the efforts of these all-volunteer coalitions.

Beginning in 2006, the state received two successive rounds of competitive funding for youth suicide prevention from the Substance Abuse and Mental Health Services Administration (SAMHSA). The first of these three-year grants provided $400,000 per year and ended in September 2009; the second provided $500,000 per year and expired in September 2012, with no additional federal funding forthcoming. Because of the proportionately greater funding available for youth suicide prevention and early intervention, this population has been the focus of much of the state's suicide prevention efforts since 2006.

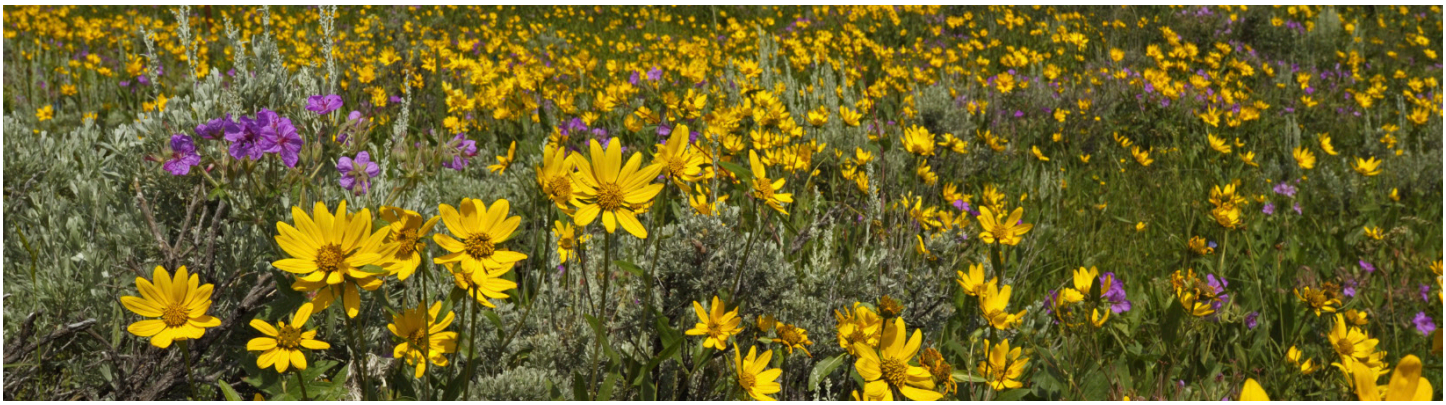
As required by statute, the Suicide Prevention Team Leader within the WDH provided expert technical assistance on suicide prevention, including participating in radio, newspaper and television interviews; distributing brochures and other information relating to recognition of suicide warning signs; conducting suicide prevention and intervention skills trainings; maintaining a suicide prevention webpage on the Department of Health website; and promoting the responsible reporting of suicide deaths by the media.

The Team Leader administered and monitored the federal youth suicide prevention grant and otherwise served as the touchstone for statewide suicide prevention efforts in Wyoming. Throughout this time, the Team Leader has facilitated a dynamic cross-collaboration and information sharing among state level stakeholders and community-based suicide prevention efforts, including facilitating regular meetings and periodic strategic planning workshops of the Wyoming Suicide Prevention Advisory Council (WySPAC), formerly the State Suicide Prevention Task Force. Since the inception of the state program, the Team Leader has maintained and updated the State of Wyoming Suicide Prevention Plan.

Suicide prevention efforts implemented under the state and federal programs have been substantial. The WDH has created a website for youth, which currently is hosted at www.JustLetItOut.org, and has developed a groundbreaking series of webinars and newsletters for public schools and other youth prevention stakeholders as part of its "Well Aware™" initiative. Thousands of Wyoming residents have been trained using evidence-based suicide risk assessment and intervention models such as Applied Suicide Intervention Skills Training (ASIST); Question, Persuade, Refer (QPR); and SafeTALK; additionally, Assessing and Managing Suicide Risk (AMSR) workshops for clinicians have been held across the state. In 2009, the Department of Health began funding the Brief Intensive Treatment for Suicidal Individuals (BIT) pilot project in Park County, now known as Family-Centered Brief Intensive Treatment (FCBIT), which constitutes a major new treatment practice designed to help suicidal individuals in the least-restrictive community setting possible, thereby avoiding institutional placement and increased risk of suicide re-attempts. Initial data from FCBIT have been very promising and show reduced depression and relapse among clients successfully completing the program.

Multiple awareness raising events have been supported throughout Wyoming, including the Walk of Grace (Cheyenne), Garrett's Palms Suicide Awareness Walk (Pinedale), Living Art Project (Rock Springs), Breaking the Silence Walk (Casper), Adrien Hernandez Memorial Skateboard Tourney (Casper) and Out of the Darkness Walk (Sheridan). Collaborations with the Departments of Workforce Services and Education have resulted in education, outreach and programs across the state. Other efforts include establishing peer-based suicide prevention groups, support groups for suicide survivors, and gun lock distribution. Wyoming received approval from the American Foundation for Suicide Prevention (AFSP) to form the first-ever AFSP chapter in the state.

Current suicide prevention efforts in Wyoming reflect an overall philosophical shift across the country concerning the most effective model for prevention. Whereas "prevention" used to consist primarily of coordinating booths at health fairs, hanging posters in high schools, and providing individualized



programs for selected groups of at-risk individuals, it now focuses on community-level (environmental) change. Prevailing prevention best practices seek to reduce dangerous and undesirable behaviors through the development of protocols and policies, and to reduce stigma by changing community norms around the issues of suicidality and mental health. Wyoming's substance abuse and suicide prevention practices are modeled after this public health approach to prevention, which emphasizes data-driven decision making for strategic planning and program implementation, reliance on evidence-based programs and practices, and continuous evaluation.

In July 2010, the WDH integrated suicide prevention into its substance abuse prevention for community-based prevention services, which included all substance abuse prevention efforts other than tobacco prevention and control. This first step towards the integration of substance abuse prevention and mental health promotion anticipated a larger national effort that now encourages such integration across state systems. As part of the initiative, some funding for suicide prevention was included in the prevention portfolio provided to communities, but that funding was not sufficient to support the hiring of local staff for suicide prevention. This integration process began to engage community prevention program managers in incorporating suicide as a priority problem to consider as part of their larger strategic planning.

In July 2012, the WDH established the Prevention Management Organization of Wyoming (PMO) to serve as a statewide, coordinated prevention system, with local program staff dedicating a portion of their time to suicide prevention. As a result, suicide prevention has been integrated into community-level efforts taking place in all 23 counties, which has significantly improved community suicide prevention initiatives that previously were sparse and fragmented.

Funding for WDH community-based substance abuse and suicide prevention efforts currently is provided to the PMO, which is responsible for coordinating and administering local prevention dollars across Wyoming. A substantial allocation has been made during the present state fiscal year by the WDH for suicide prevention efforts, including funding sufficient to support a state director of suicide prevention and three full-time suicide prevention regional coordinators to work directly with communities.

The PMO has undertaken comprehensive needs assessments, including collecting data on local suicide rates, risk and protective factors, and community readiness. This needs assessment, combined with the research and recommendations set forth in this report, will continue to inform strategic planning around suicide prevention in Wyoming.

SECTION III: STATE SUICIDE PREVENTION PLAN

2014-2016 State Plan

The Wyoming Department of Health, in collaboration with the Prevention Management Organization of Wyoming and the Wyoming Suicide Prevention Advisory Council, completed a coordinated statewide suicide prevention plan with specific state and regional benchmarks in 2014.

Over the past two years, Wyoming's capacity for suicide prevention within each of the 23 counties in the state has grown. The state plan was written with goals and objectives that align closely with the *2012 National Strategy for Suicide Prevention* and build upon the momentum for suicide prevention efforts at both the state and local level. For additional detail regarding specific objectives and interventions tied to each national and state goal, see Appendix A.

National Goals	State Goals	Objectives
NG.1. Integrate and coordinate suicide prevention activities across multiple sectors and settings NG.5. Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors	S.1. Develop broad-based support for suicide prevention S.2. Develop and implement community-based suicide prevention programs and activities	Objectives 1, 2 and 3
NG.2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors	S.3. Promote awareness that suicide is a public health problem that is preventable	Objectives 4 and 5
NG.3. Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders (Objective 3.2)	S.4. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services	Objectives 6
NG.4. Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide	Ongoing, as part of State Director, Regional Technical Assistants and Community Prevention Professional roles	Objective 7
NG.5. Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors	S.2. Develop and implement community-based suicide prevention programs and activities	Objectives 1, 2 and 3
NG.6. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk	S.5. Promote efforts to reduce access to lethal means and methods of self-harm (among individuals with identified suicide risk)	Objectives 8, 9 and 10
NG.7. Provide training to community and clinical service providers on the prevention of suicide and related behaviors	S.6. Implement training for recognition of at-risk behavior and delivery of effective treatment	Objectives 11 and 12

National Goals	State Goals	Objectives
NG.8. Promote suicide prevention as a core component of health care services	Ongoing, as part of State Director, Regional Technical Assistants and Community Prevention Professional roles	Objective 13
NG.9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors	S.7. Implement training for recognition of at-risk behavior and delivery of effective treatment	Objectives 14 and 15
NG.10. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides	S.8. Increase key services to suicide survivors	Objectives 16 and 17
NG.11. Improve the usefulness and quality of suicide-related data (Objective 11.2)	S.9. Improve and expand surveillance systems (to collect suicide-related data)	Objectives 18 and 19
NG.12 Promote and support research on suicide prevention	S.10. Support focused suicide prevention research projects	Objectives 20, 21 and 22
NG.13. Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings	S.11. Evaluate the impact and effectiveness of suicide prevention activities	Objective 23

SECTION VI: CONCLUSION

For nearly three decades, Wyoming's per capita suicide rates have been among the highest in the country. In sum, notwithstanding progress made over the last several years in building statewide capacity and enhancing suicide prevention and early intervention efforts in Wyoming, there is a profound need to continue to capitalize on and expand suicide prevention initiatives. The data continues to indicate that suicide poses a significant public health challenge in the state.

The 2014-2016 suicide prevention plan provides the needed framework to enhance suicide prevention efforts and build new partnerships within the state while aligning Wyoming's initiatives with the broad-based strategies identified by experts and leaders across the country through the *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Through existing and new collaborations, efforts to significantly reduce the rate of suicide and the subsequent toll on communities and families will be an important priority for leaders throughout the state.

APPENDIX A: STATE PREVENTION PLAN DETAIL

Objectives	Interventions
Objective 1: Increase support for suicide prevention efforts by lawmakers, including state and local policy makers, business leaders, and public and private foundations **Objective 2:** Support and develop community-based coalitions for suicide prevention **Objective 3:** Promote expertise and increased capacity for suicide prevention within school districts	**Intervention 1.1:** Hold a Wyoming Suicide Prevention Summit for state and other political leaders to unveil the 2014-16 state plan and garner support for suicide prevention efforts. **Intervention 1.2:** Increase groups that integrate suicide prevention into their ongoing programs and activities. **Intervention 1.3:** Increase state capacity by recruiting a broad range of stakeholders to participate in the Wyoming Suicide Prevention Advisory Council (WySPAC). **Intervention 2.1:** Encourage development of local coalitions to increase capacity/ readiness and sustainability. **Intervention 3.1:** Increase the number of school districts with accredited school Suicide Prevention Specialists on staff. **Intervention 3.2:** Increase the number of schools that provide evidence-based suicide prevention programs as part of their curricula. **Intervention 3.3:** Provide technical assistance and support for training and education of school personnel in suicide risk recognition and response.
Objective 4: Develop a media campaign to raise awareness about suicide prevention **Objective 5:** Coordinate with other suicide prevention organizations in Wyoming to maximize efforts	**Intervention 4.1:** Develop a statewide media campaign (including social media) and a website utilizing safe and positive messages to increase public and political support for suicide prevention activities (utilizing the National Action Alliance for Suicide Prevention Framework for Successful Messaging). **Intervention 5.1:** Develop standard talking points and presentation slides for public awareness presentations on suicide prevention to identified community-based groups. **Intervention 5.2:** Collaborate with other suicide prevention organizations to coordinate efforts and maximize the impact of suicide prevention awareness efforts statewide. **Intervention 5.3:** Develop standard talking points and presentation slides for policy makers. **Intervention 5.4:** Engage youth to garner input in the process of updating and maintaining the JustLetItOut website for youth suicide prevention. **Intervention 5.5:** Provide targeted suicide prevention education and outreach via the internet.
Objective 6: Promote understanding that recovery is possible	**Intervention 6.1:** As part of the multi-media campaign (including social media), utilize safe and positive messages to increase: a) help-seeking by at-risk individuals and family members b) social acceptance of depression as a medical illness c) public awareness that recovery is possible
Objective 7: Maintain current level of media education around suicide, and provide resources as deaths occur	**Intervention 7.1:** Continue funding of suicide prevention as part of broader prevention efforts.

Objective 8: Collaborate and provide support for local and statewide gun shop owners and stakeholders to establish a firearms safety coalition **Objective 9:** Support safe prescribing standards and guidelines to prevent prescription drug abuse **Objective 10:** Maintain, support, and expand prescription drug abuse prevention efforts	**Intervention 8.1:** Provide education and support for gun shop owners, gun owners, hunter safety experts, and other stakeholders to establish coalition efforts that include suicide prevention initiatives. **Intervention 9.1:** Collaborate with the Wyoming Prescription Drug Abuse Prevention Stakeholders on prescribing initiatives. **Intervention 10.1:** Support and expand education and awareness campaigns to increase awareness of medication drop box disposal sites and medication donation programs. **Intervention 10.2:** Expand support and use of sites for medication drop-boxes and medication donation.
Objective 11: Build statewide capacity for training across multiple levels and disciplines including a focus on cultural competency in diverse populations **Objective 12:** Provide culturally competent training to multiple audiences, including public, private, and faith-based organizations	**Intervention 11.1:** Develop public-private relationships to support comprehensive statewide education and training strategies in suicide prevention. **Intervention 11.2:** Public-Level Trainers - Promote and support culturally competent training in evidence-based and best practice public-level suicide recognition and response education (e.g., QPR, Operation SAVE, and SafeTALK). **Intervention 11.3:** Intervention-Level Trainers - Promote and support culturally competent training in evidence-based and best practice intervention-level suicide recognition, response, and management education (e.g., ASIST, CIT/MHIT). **Intervention 11.4:** Behavioral Health Clinical Trainers – Promote and support training of clinician trainers in evidence-based and best practice suicide recognition, assessment, and management of at-risk behavior, as well as the delivery of effective clinical care (i.e., AMSR, RRSR, CAMS, and SuicideCare), with priority given to community mental health centers across the state. **Intervention 11.5:** Medical Trainers – Identify and support champions within medical settings to provide expertise in training medical staff in depression management best practices and suicide prevention strategies. **Intervention 12.1:** Train at least 10% of the Wyoming adult population in suicide prevention recognition and response (~34,000 people) within a 5-year period.
Objective 13: Continue funding of suicide prevention as part of broader prevention efforts	**Intervention 13.1:** Identify new grant opportunities and private donors to provide funding through the RFP process for suicide prevention initiatives.
Objective 14: Assess current knowledge, training, and gaps in clinical services (to include cultural understanding for diverse populations) for treating individuals at risk for suicide in primary care, as well as in substance abuse and mental health care **Objective 15:** Assess and support current professional practices and cultural knowledge for assessing and treating those at risk for suicidal behaviors; promote effective treatment while being culturally sensitive to diverse needs, including traditional healing practices	**Intervention 14.1:** Conduct surveys of primary care and licensed mental health and substance abuse providers (including psychologists and psychiatrists) in Wyoming. **Intervention 15.1:** Promote the effective and safe inquiry of suicidal thoughts and behaviors by all substance abuse and mental health clinicians. **Intervention 15.2:** Provide education on best practice guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for individuals with suicide risk. **Intervention 15.3:** Research and distribute standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs. **Intervention 15.4:** Develop standardized guidelines on the documentation of assessment and treatment of suicide risk, and establish the capacity to provide technical assistance to providers with implementation. **Intervention 15.5:** Distribute the Western Interstate Commission for Higher Education (WICHE) suicide prevention toolkit for rural primary care to providers in WY; provide training to accompany this resource.

Objective 16: Establish a statewide network of suicide survivors and support group leaders **Objective 17:** Collaborate with other suicide prevention organizations to maximize suicide survivor resources across the state	**Intervention 16.1:** Develop capacity for contacting and connecting suicide survivors across the state. **Intervention 17.1:** Develop a network of skilled, trained support groups for suicide survivors. **Intervention 17.2:** Provide continuing education for support group leaders.
Objective 18: Coordinate the implementation of psychological autopsy research in Wyoming **Objective 19:** Standardize the collection and reporting of suicide attempt data throughout medical systems	**Intervention 18.1:** Collect and analyze psychological autopsy data. **Intervention 19.1:** Coordinate with the State Medicaid Office to support PHQ-9 screening among primary care providers. **Intervention 19.2:** Improve the usefulness and quality of suicide-related data. **Intervention 19.3.:** Collaborate with coroners to establish a suicide death review team to improve consistency in investigation and reporting of suicide deaths.
Objective 20: Develop and implement a comprehensive saturation model for suicide prevention **Objective 21:** Evaluate the effectiveness of innovative early intervention programs **Objective 22:** Support innovative research projects in suicide prevention in Wyoming	**Intervention 20.1:** Implement the Systems Approach/Comprehensive Rural Community Suicide Prevention Model (Berman Legacy) as proposed in one focus county as part of the Injury Control Research Center for Suicide Prevention (ICRC-S) Research Training Institute. **Intervention 21.1:** Utilize existing data and a follow up evaluation to determine the effectiveness of the Family-Centered Brief Intensive Treatment (FCBIT) approach to early intervention. **Intervention 22.1:** Collaborate with health science programs at the University and colleges in Wyoming to stimulate three (3) research projects in suicide prevention.
Objective 23: Utilize data to identify suicide prevention activities that have the greatest impact in Wyoming	**Intervention 23.1:** Identify new opportunities to collect and evaluate data on suicide prevention activities.

APPENDIX B: NOTABLE ACCOMPLISHMENTS IN 2014

• In April 2014, the Wyoming Department of Health and the Prevention Management Organization of Wyoming were selected to present at the American Association of Suicidology Conference in Los Angeles, CA regarding Wyoming's prevention infrastructure.

• In May 2014, twenty-one individuals in Wyoming were trained by Dr. Alan Berman, Executive Director of the American Association of Suicidology, to conduct psychological autopsies to better inform suicide prevention efforts within the state.

• Over 12,000 people in Wyoming were trained in suicide prevention in FY 2013-2014. Training gatekeepers, primary care providers, and mental health practitioners in suicide awareness and referral is a key national strategy.

• Wyoming was selected as one of nine states in the country to participate in the Injury Control Research Center for Suicide Prevention's Research Training Institute in Rochester, NY. The RTI objectives were to:

- Provide both violence and injury prevention professionals and suicide researchers with a shared body of knowledge and skills in suicidology, public health and prevention, and relevant research methodologies.
- Create collaborative links between the injury and violence prevention and suicide research communities so that the perspectives, knowledge, and skills of each inform the work of the other;
- Develop implementation plans for new research projects that will add to the knowledge base for suicide prevention.

• Wyoming is working to develop a project to meet the following objectives as part of its involvement in the Research Training Institute:

- Develop a process that can be replicated by collective-impact theory to design, implement and evaluate a coordinated comprehensive model for change within an unbounded rural community setting in the state that will positively affect behaviors across the lifespan to decrease risk for suicidal thoughts and actions.
- Engage community stakeholders to identify and implement strategies which include "upstream" interventions designed to increase protective factors such as a sense of belonging and connectedness and to decrease psycho/social phenomena such as perceived burdensomeness, disconnectedness and acquired ability for harm that are precursors to suicidal thoughts and behaviors.
- Guide stakeholders in using local data to develop messaging and social media to support community efforts and change cultural norms.

• A Wyoming-developed intervention for suicide prevention, Family Centered Brief Intensive Treatment, has shown successful results in decreasing depression and reducing suicidal ideation among patients who receive the intervention. In 2014, an article about the significant research outcomes of FCBIT will be published in the journal "Suicide and Life-Threatening Behavior."